

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name East End Bus Lines, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-8853058

4. Debtor's address Principal place of business

3601 Horseblock Road
Medford, NY 11763

Number, Street, City, State & ZIP Code

Suffolk
 County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other, Specify:

Debtor **East End Bus Lines, Inc.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☐ Chapter 7☐ Chapter 9☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District

When

Case number

District

When

Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor

See Attachment

Relationship

District

When

Case number, if known

Debtor **East End Bus Lines, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor East End Bus Lines, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____


MM / DD / YYYY

X

Signature of authorized representative of debtor

John Mensch

Printed name

Title **President****18. Signature of attorney****X**

Signature of attorney for debtor

Date _____

MM / DD / YYYY

Marc A. Pergament

Printed name

Weinberg, Gross & Pergament LLP

Firm name

400 Garden City Plaza**Suite 403****Garden City, NY 11530**

Number, Street, City, State & ZIP Code

Contact phone **(516) 877-2424**

Email address _____

NY

Bar number and State

Debtor **East End Bus Lines, Inc.**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known) Chapter **11**☐ Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

Debtor	Montauk Student Transport, LLC	Relationship to you	
District		When	
Case number, if known			
Debtor	Montauk Transit Service, LLC	Relationship to you	
District		When	
Case number, if known			

**United States Bankruptcy Court
Eastern District of New York**

In re East End Bus Lines, Inc.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:

9/13/18



John Mensch/President
Signer/Title

Date:



Signature of Attorney
Marc A. Pergament
Weinberg, Gross & Pergament LLP
400 Garden City Plaza
Suite 403
Garden City, NY 11530
(516) 877-2424 Fax: (516) 877-2460

Ascentis Corporation
11040 Main Street, Suite 101
Bellevue, WA 98004

Bleakley, Platt & Schmidt LLP
P.O. Box 5056
White Plains, NY 10602-5056

Bond Schoeneck & King PLLC
1010 Franklin Avenue, Suite 200
Garden City, NY 11530

Bridgehampton National Bank
194 Mill Road
Westhampton Beach, NY 11978

Chiesa Shahinian & Giantomasi PC
11 Times Square, 31st Floor
New York, NY 10036

Cummings and Carrol, P.C.
175 Great Neck Road, Suite 405
Great Neck, NY 11021

DeLage Landen
111 Old Eagle School Road
Wayne, PA 19087

Element Financial Corp.
655 Business Center Drive
Horsham, PA 19044

Financial Pacific Leasing
3155 S 334th Way, #300
Federal Way, WA 98001-9546

First Insurance Funding
450 Skoke Blvd, Suite 1000
Northbrook, IL 60062-7917

Flushing Automotive Financial Services
135 Haven Avenue
Port Washington, NY 11050

Freedom Financial
8221 Tristar Drive
Irving, TX 75063

Gent Uniform Rental Corp.
c/o Armark
P.O. Box 28050
New York, NY 10087

Internal Revenue Service
2 Metrotech Center
100 Myrtle Avenue
Brooklyn, NY 11201

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

IPFS Corporation
P.O. Box 905849
Charlotte, NC 28290-5849

Lam & Barnosky, LLP
534 Broadhollow Road, Suite 210
P.O. Box 9034
Melville, NY 11747-9034

Leaf
P.O. Box 644006
Cincinnati, OH 45264-4006

Littler Mendelson, P.C.
P.O. Box 207137
Dallas, TX 75320-7137

Merchant's Fleet Management
P.O. 414438
Boston, MA 02241-4438

Montauk Student Transport LLC
3601 Horseblock Road
Medford, NY 11763

Montauk Transit Service LLC
3601 Horseblock Road
Medford, NY 11763

Naness, Chalet & Naness, LLC
375 North Broadway, Suite 202
Jericho, NY 11753

NEC Financial Services
250 Pehle Avenue, Suite 704
Saddle Brook, NJ 07663

NJM Insurance Group
301 Sullivan Way
Ewing Township, NJ 08628

NYS Department of Labor
P.O. Box 4127
Binghamton, NY 13902-4127

NYS Dept. of Taxation and Finance
Bankruptcy Unit, Special Procedure
P.O. Box 5300
Albany, NY 12205-0300

NYS Unemployment Insurance
P.O. Box 4301
Binghamton, NY 13902-4301

SEFAC
381 Nin Way
Warminster, PA 18974

Specialty Vehicle & Equipment Funding
175 Broadhollow Road, Suite 120
Melville, NY 11747

State of New York
Office of Attorney General
120 Broadway
New York, NY 10271

Synovia Solutions, LLC
P.O. Box 1627
Indianapolis, IN 46206-1627

Travelers Insurance
P.O. box 2927
Hartford, CT 06104-2927

United States Attorney
Chief of Civil Division
271 Cadman Plaza
Brooklyn, NY 11201

United States Attorney's Office
Eastern District of New York
610 Federal Plaza, 5th Floor
attn: Long Island Bankruptcy Processing
Central Islip, NY 11722-4454

US Dept. of Justice
Tax Division
Box 55
Ben Franklin Station
Washington, DC 20044

US Premium Finance
280 Technology Parkway, Suite 200
Norcross, GA 30092

Vehicle Tracking Solutions
152 Veterans Memorial Highway
Commack, NY 11725

Wallkill Valley Federal Savings & Loan
205 Homestead Avenue
Maybrook, NY 12543

Wells Fargo
Bankruptcy Dept. MAC-X7801-014
3476 Stateview Blvd.
Fort Mills, SC 29715

Wells Fargo
Bankruptcy Dept. -MAC-X7801-014
3476 Stateview Blvd.
Fort Mill, SC 29715

Wells Fargo Financial Services
123 S. Broad Street, 9th Floor
Philadelphia, PA 19109

Wells Fargo Financial Services
P.O. Box 70239
Philadelphia, PA 19176

William Floyd School District
240 Mastic Beach Road
Medford, NY 11763

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In Re:

Chapter 11

East End Bus Lines, Inc.,

Case No.

Debtor.

CORPORATE RESOLUTION


-----X

The undersigned, the President of East End Bus Lines, Inc., a corporation existing under the laws of the State of New York does hereby certify that a duly called meeting of the directors of East End Bus Lines, Inc., the following resolutions were adopted, and have not been modified or rescinded, and are still in full force and effect:

"Resolved, that in the judgment of the shareholders and directors, it is desirable and in the best interest of the corporation, that John Mensch, President of the Corporation, be empowered to cause a petition under Chapter 11 of the Bankruptcy Code to be filed by the corporation upon such date, and in the event, in his discretion, such action should be necessary for the protection of the corporation and preservation of its assets without further notice to the directors of East End Bus Lines, Inc., and it is further

Resolved, that John Mensch be and hereby is, authorized to execute and file all petitions, schedules, lists and other papers and to take any and all action which he may deem necessary and proper in connection with such proceedings under Chapter 11, and in that connection, to retain and employ Weinberg, Gross & Pergament LLP and to retain and employ all other professionals which they may deem necessary or proper with a view towards a successful conclusion of such a reorganization case."

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th day of
September 2018.



John Mensch, President

Fill in this information to identify the case:

Debtor name East End Bus Lines, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 DeLage Landen

Creditor's Name

**111 Old Eagle School Road
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

7616,8654,0548

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Buses

Describe the lien

DMV

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**\$509,819.91****\$380,000.00****2.2 Element Financial Corp.**

Creditor's Name

**655 Business Center Drive
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

6218

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Buses

Describe the lien

DMV

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

\$3,785,487.58**\$2,010,000.00**

Debtor **East End Bus Lines, Inc.**

Case number (if know) _____

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☒ Disputed**2.3 Financial Pacific Leasing**

Creditor's Name

**3155 S 334th Way, #300
Federal Way, WA
98001-9546**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
6001

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$80,000.00**\$250,000.00****Lifts**

Describe the lien

Is the creditor an Insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.4 First Insurance Funding**

Creditor's Name

**450 Skoke Blvd, Suite 1000
Northbrook, IL 60062-7917**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
2385

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$945,596.47**\$0.00****Insurance Policy**

Describe the lien

UCC

Is the creditor an Insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.5 Flushing Automotive Financial Services**

Creditor's Name

**135 Haven Avenue
Port Washington, NY 11050**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$1,403,029.10**\$0.00**

Describe the lien

Leases

Is the creditor an Insider or related party?

☒ No

Debtor **East End Bus Lines, Inc.**

Case number (if known)

Name

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.6 Freedom Financial**

Creditor's Name

**8221 Tristar Drive
Irving, TX 75063**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

2764,7004

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$3,136,136.30**\$0.00**

Describe the lien

Leases

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Merchant's Fleet Management**

Creditor's Name

**P.O. 414438
Boston, MA 02241-4438**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0193

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$5,785,382.23**\$0.00**

Describe the lien

Leases

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 NEC Financial Services**

Describe debtor's property that is subject to a lien

\$779,416.99**\$280,000.00**

Debtor **East End Bus Lines, Inc.**
Name

Case number (if know)

Creditor's Name

**250 Pehle Avenue, Suite
704
Saddle Brook, NJ 07663**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

8001

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.9

**Specialty Vehicle &
Equipment Funding**

Creditor's Name

**175 Broadhollow Road,
Suite 120
Melville, NY 11747**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Buses**\$537,677.83****\$800,000.00**

Describe the lien

DMV

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

8003,8005

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.1
0**US Premium Finance**

Creditor's Name

**280 Technology Parkway,
Suite 200
Norcross, GA 30092**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Insurance Policy**\$2,457,424.27****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

8001

Debtor **East End Bus Lines, Inc.**
Name

Case number (if know)

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.1 Wells Fargo Financial Services**

Creditor's Name

**123 S. Broad Street, 9th Floor
Philadelphia, PA 19109**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$74,068.25**\$150,000.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

7616,9700,9701,9703

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$19,494,038.93**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Chiesa Shahinian & Giantomasi PC
11 Times Square, 31st Floor
New York, NY 10036**Line **2.11****Wells Fargo
Bankruptcy Dept. MAC-X7801-014
3476 Stateview Blvd.
Fort Mills, SC 29715**Line **2.11**

Fill in this information to identify the case:Debtor name East End Bus Lines, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service 2 Metrotech Center 100 Myrtle Avenue Brooklyn, NY 11201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$139,036.52 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address NYS Department of Labor P.O. Box 4127 Binghamton, NY 13902-4127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$115,412.65 \$115,412.65
	Date or dates debt was incurred Last 4 digits of account number 3056 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **East End Bus Lines, Inc.**
Name

Case number (if known)

2.3	Priority creditor's name and mailing address NYS Dept. of Taxation and Finance Bankruptcy Unit, Special Procedure P.O. Box 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,803.37 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address Ascentis Corporation 11040 Main Street, Suite 101 Bellevue, WA 98004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,699.01
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number <u>6331</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Bleakley, Platt & Schmidt LLP P.O. Box 5056 White Plains, NY 10602-5056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,299.83
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address Bridgehampton National Bank 194 Mill Road Westhampton Beach, NY 11978	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,000,000.00
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address Cummings and Carrol, P.C. 175 Great Neck Road, Suite 405 Great Neck, NY 11021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$141,550.00
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address Gent Uniform Rental Corp. c/o Armark P.O. Box 28050 New York, NY 10087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,379.65
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number <u>1464</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **East End Bus Lines, Inc.**

Case number (if known) _____

Name

3.6	Nonpriority creditor's name and mailing address IPFS Corporation P.O. Box 905849 Charlotte, NC 28290-5849 Date(s) debt was incurred _____ Last 4 digits of account number <u>9421</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,900.09
3.7	Nonpriority creditor's name and mailing address Lam & Barnosky, LLP 534 Broadhollow Road, Suite 210 P.O. Box 9034 Melville, NY 11747-9034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,184.01
3.8	Nonpriority creditor's name and mailing address Leaf P.O. Box 644006 Cincinnati, OH 45264-4006 Date(s) debt was incurred _____ Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.60
3.9	Nonpriority creditor's name and mailing address Littler Mendelson, P.C. P.O. Box 207137 Dallas, TX 75320-7137 Date(s) debt was incurred _____ Last 4 digits of account number <u>2455</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,273.57
3.10	Nonpriority creditor's name and mailing address Naness, Chalet & Naness, LLC 375 North Broadway, Suite 202 Jericho, NY 11753 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,477.50
3.11	Nonpriority creditor's name and mailing address NJM Insurance Group 301 Sullivan Way Ewing Township, NJ 08628 Date(s) debt was incurred _____ Last 4 digits of account number <u>7448</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$699,443.45
3.12	Nonpriority creditor's name and mailing address NYS Unemployment Insurance P.O. Box 4301 Binghamton, NY 13902-4301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,198.24

Debtor East End Bus Lines, Inc.		Case number (if known) _____	
Name _____			

3.13	Nonpriority creditor's name and mailing address SEFAC 381 Nin Way Warminster, PA 18974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$494.00
<hr/>			
3.14	Nonpriority creditor's name and mailing address Synovia Solutions, LLC P.O. Box 1627 Indianapolis, IN 46206-1627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,698.89
<hr/>			
3.15	Nonpriority creditor's name and mailing address Travelers Insurance P.O. box 2927 Hartford, CT 06104-2927 Date(s) debt was incurred ____ Last 4 digits of account number <u>0960</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197,517.00
<hr/>			
3.16	Nonpriority creditor's name and mailing address Vehicle Tracking Solutions 152 Veterans Memorial Highway Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,162.08
<hr/>			
3.17	Nonpriority creditor's name and mailing address Walkill Valley Federal Savings & Loan 205 Homestead Avenue Maybrook, NY 12543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000,000.00
<hr/>			
3.18	Nonpriority creditor's name and mailing address Wells Fargo Financial Services P.O. Box 70239 Philadelphia, PA 19176 Date(s) debt was incurred ____ Last 4 digits of account number <u>8761,7413,6687</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,171.77
<hr/>			
3.19	Nonpriority creditor's name and mailing address William Floyd School District 240 Mastic Beach Road Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **East End Bus Lines, Inc.**
Name

Case number (if known)

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any4.1 **Bond Schoeneck & King PLLC**
1010 Franklin Avenue, Suite 200
Garden City, NY 11530Line 3.19☐ Not listed. Explain _____4.2 **Internal Revenue Service**
P.O. Box 7346
Philadelphia, PA 19101-7346Line 2.1☐ Not listed. Explain _____4.3 **State of New York**
Office of Attorney General
120 Broadway
New York, NY 10271Line 2.3☐ Not listed. Explain _____4.4 **United States Attorney**
Chief of Civil Division
271 Cadman Plaza
Brooklyn, NY 11201Line 2.1☐ Not listed. Explain _____4.5 **United States Attorney's Office**
Eastern District of New York
610 Federal Plaza, 5th Floor
attn: Long Island Bankruptcy Processing
Central Islip, NY 11722-4454Line 2.1☐ Not listed. Explain _____4.6 **US Dept. of Justice**
Tax Division
Box 55
Ben Franklin Station
Washington, DC 20044Line 2.1☐ Not listed. Explain _____4.7 **Wells Fargo**
Bankruptcy Dept. -MAC-X7801-014
3476 Stateview Blvd.
Fort Mill, SC 29715Line 3.18☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 263,252.545b. + \$ 9,403,959.695c. \$ 9,667,212.23

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In Re:

Chapter 11

East End Bus Lines, Inc.,

Case No.

Debtor.

Affirmation Under Local
Bankruptcy Rule 1007-4

-----X

John Mensch, duly affirms under the penalties of perjury as follows:

1. I am the President of East End Bus Lines, Inc., the above-named debtor (hereinafter "Debtor"). I submit this affirmation in accordance with Local Bankruptcy Rule 1007-3 and in connection with the Debtor's voluntary petition for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") filed herein.

2. The principal office of the Debtor is located in this district at 3601 Horseblock Road, Medford, New York.

3. The Debtor's taxpayer identification number is 20-8853058.

4. There is neither a case under the former Bankruptcy Act nor under the Bankruptcy Code currently pending by or against the Debtor.

5. No official or unofficial committee of creditors of the Debtor has been organized as of this date.

6. No property of the Debtor is in the possession or custody of any custodian, public officer, receiver, trustee, assignee of rents, or secured creditor or agent for any such persons.

7. The Debtor's principal books and records are located at 3601 Horseblock Road, Medford, New York.

8. A listing of the Debtor's twenty (20) largest unsecured creditors, excluding insiders, is attached to the Debtor's petition.

9. During the pendency of these proceedings, the Debtor intends to continue its operations in transportation.

10. The Debtor operates its business from 3601 Horseblock Road, Medford, New York.

11. It is anticipated that the Debtor's operations in the next thirty (30) days will result in a small profit.

12. No stocks, bonds, debentures, or other securities of the Debtor have been publicly issued.

13. The Debtor does not have any assets located outside the territorial limits of the United States.

14. It is desirable for the Debtor to continue its operations, as the Debtor believes itself to be capable of effectuating a reorganization.

Dated: Garden City, New York
September 13, 2018



John Mensch